



Attorney's Docket No.: 42P11777

Patent

In re the Application of: Karl H. Allen

(inventor(s))

Application No.: 09/967,211

Filed: September 28, 2001

For: USER VERIFICATION FOR CONDUCTING HEALTH-RELATED TRANSACTIONS
(title)

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is an Amendment and Response for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee	
Total Claims	* 25	Minus	** 29	0	X9	\$	X18	\$ 0	
Indep. Claims	* 3	Minus	*** 4	0	X44	\$	X88	\$ 0	
<div></div>	First Presentation of Multiple Dependent Claim(s)				+150	\$	+300	\$	
* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.					Total Add. Fee	\$	Total Add. Fee	\$ 0	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on November 9, 2004

Date of Deposit

Adrian Villarreal

Name of Person Mailing Correspondence

Signature

November 9, 2004

Date

_____ A check in the amount of \$_____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$_____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$_____.

A duplicate copy of this sheet is enclosed.

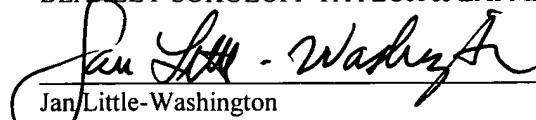
X The Under Secretary of Commerce for Intellectual Property and Director of the United States
Patent and Trademark Office is hereby authorized to charge payment of the following fees associated
with this communication or credit any overpayment to Deposit Account No. 02-2666 (a duplicate copy
of this sheet is enclosed):

X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

Date: 11/9/04

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Attorney Docket No.: 42P11777

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)

Karl H. Allen)

Examiner: Greene, Daniel L.)

Serial No. 09/967,211)

Art Unit: 3621)

Filed: September 28, 2001)

For: USER VERIFICATION FOR CONDUCTING)
HEALTH-RELATED TRANSACTIONS)

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT UNDER 37 C.F.R. §§1.111 AND 1.121

Sir:

In response to the Office Action mailed August 9, 2004, Applicant submits the following Amendment and Remarks. Claim Amendments begin on page 2 of this paper. Remarks begin on page 7 of this paper. Applicants respectfully request that the Examiner enter the Amendment and consider the Remarks.

It is not believed that extensions of time are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefore are hereby authorized to be charged to Deposit Account No. 02-2666. Please credit any overpayment to the same deposit account.

Kindly enter the following Amendment and consider the following Remarks.